



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED

DHSS Breath Alcohol Program

By Carol Day at 10:34 am, Aug 20, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204188 INV# 127308	DATE OF INSPECTION 08-04-2009
LOCATION OF INSTRUMENT (STREET AND CITY) ST CLAIR COUNTY JAIL, OSCEOLA, MO.	TIME OF INSPECTION 1337 HRS

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 50 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) (34°C)	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± .5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 ✓ .095	TEST 2 ✓ .096	TEST 3 ✓ .098
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)										
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)										
REFUSALS 0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(Over .19)	1

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

THIS INSTRUMENT IS OPERATING WITHIN DHSS SPECIFICATIONS

SOLUTION: REPCO MARKETING INC. LOT# 08340 .10% SOLUTION
EXPIRES: 10-15-2009

INSPECTING OFFICER

SIGNATURE W.M. Bush	PRINT NAME W. M. BUSH
TYPE II PERMIT NUMBER/EXPIRATION DATE 920004 1-15-11	TELEPHONE NUMBER 417-895-6868



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204183
08/04/09
13:37

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
VERTENS	
SAMPLE CHAMBER:	50c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTION:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

! " # \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~

Operator Signature

WM Br

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204183
08/04/09

ARREST TIME: 12:00
SUBJECT NAME:
N/M/M
DOB: 09/06/67 SEX: M
STATE/D.L.: MO/000705
ARRESTING OFFICER:
DUSH/WM
OFFICER I.D.: 291
TESTING OFFICER:
DUSH/WM
OFFICER I.D.: 291
PERMIT NUMBER: 920004
EXPIRATION DATE: 01/15/11
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

WM Br

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204108
03/04/09

TESTING OFFICER:
BUSH/007
OFFICER I.D.# 291
PERMIT NUMBER: 9200004
EXPIRATION DATE: 01/15/11
MISCELLANEOUS DATA:
AUGUST MAINTENANCE
ST CLAIR COUNTY

----- SUPERVISOR MODE -----

BLANK TEST	.000	10:47
INTERNAL STANDARD	VERIFIED	10:47
EXTERNAL STANDARD	.005	10:47
BLANK TEST	.000	10:48
EXTERNAL STANDARD	.005	10:48
BLANK TEST	.000	10:49
EXTERNAL STANDARD	.005	10:50
BLANK TEST	.000	10:50

N = 3
SD = .1
AVG = .0003

Operator Signature

W.M. Bush

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



W.MITCHELL BUSH

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 01/15/09
Number 920004
Expires 01/15/2011

MO 580-0771 (7-88)

John J Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)